FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

ORIGINAL

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1426729

OMB APPROVAL

OMB Number:

3235-0076

Expires:

April 30, 2008

Estimated average burden



07083161

Type of Filing:	k box(es) that apply): New Filing	=	Rule 504 Amendment	0	Rule 505	⊠	Rule 506			ECEINEU (1)	E
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Vestlake Product									<u> </u>	186 /38	A O . 1 . 3
Address of Execu 7010 W. Highwa	y 71, Splie 340 PMB	352, A	nd Street, Cit Austin, TX 78	1735	•			51	2-373-325ì		
	pal Business Operation	ins (Ni	amber and Str	eet, Cit	y, State, Zi	ip Code) (i	if different	Te	tephone Nu	mber (Including	g Area Code)
from Executive C)TIICCS)					PRO	CECC	5ª	mę as abov	e <u>N</u>	
Brief Description of	of Business						4000.				
nternet software	development					_FER	1.3.222			B-0	
Type of Business (-		limited partn	eskin	almady for	TH(DWSON	•		RE21 V	VAILABLE CO
_	rporation siness trust	H	limited partn			"FIN/	ANCEAL,	sther (nl:	ese specify) :	
	d Date of Incorporation or Organization	_					_l bbreviation f risdiction)	_	i (aux	Estimated	
GENERAL INST	RUCTIONS		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
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	Il issuers making an off	ering o	if securities in	reliance	OD BU EXEC	nption und	er Regulation	D or Sec	non 4(o), 17	CFK 230,301 C	1 scq. or 13 0.3.5.
17d(6). When To File: A n Evolunes Commiss	notice muss be filed no l sion (SEC) on the earlie	ater the	an 15 days afte e date it is rece	r the fir	st sale of se the SEC at	eurities in the eddres	the offering.	A notice or, if rec	is deemed (i cived at thai	iled with the U.S address after the	. Securities and c date on which it is
hie, on the date it v	vas mailed by United S	tales rep	gistered or cer	tified m	ail to that s	dáress.					
When To File: 11	5. Securities and Excha	nge Co	immission, 45) Fifth S	Street, N.W	., Washing	ton, D.C. 205	49, . alamad	Any conict	not manually six	med most be
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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



		A. BASIC IDE	NTIFICATION DATA	
Each beneficial own Each executive office	e issuer, if the issuer ha er having the power to	is been organized within the vote or dispose, or direct the orate issuers and of corporate	past five years; vote or disposition of, 10% or more of a cl general and managing partners of partners	ass of equity securities of the issuer, hip issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Directo	General and/or Managing Partner
full Name (Lest name first, if Coonce, Ryan	(individual)			
Business or Residence Addre	•			
Jo Westlake Products, Inc.,	7010 W. Highway 7	1, Suite 340 PMB 352, A		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	r General and/or Managing Partner
Full Name (Last name first, i	(individual)			
Business or Residence Addre	ss (Number and Stree	I, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer ☐ Directo	or General and/or Managing Partner
Full Name (Last name first, i	findividual)			
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	or General and/or Managing Partner
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Business or Residence Addre	rss (Number and Stree	et, Ciry, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Direct	or General and/or Managing Partner
Full Name (Last name first, i	if individual)			
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Direct	or General and/or Managing Partner
Full Name (Last name first,	if individual)			
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)		

				В	INFOR	MATION A	BOUT OF	FERING				
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											Yes 🔯	No □
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remun persor	ne information eration for sof or agent of a ve (5) persons	icitation of pu proker or deal	orchesers in c ter registered	onnection w with the SE	ith sales of se C and/or with	curities in th hastate or st	c offering. It stes, list the r	la person to b same of the br	e listed is an roker or deal	essociated er. If more		
dealer ull Name (only. Last name fir	t, if individu	al)									
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itates in W	hich Person L	sted Has Sol	icited or Inte	nds to Solici	it Purchasers							
(Check	AD States" or	check individ	luals States)			*********************	P4 \$400 174 104 1 110 100 1	***************************************		1000 170 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	□ Al	D States
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1	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
1	Debi	\$0,00	\$ 0.00
1	Equity,	S 0.00	\$0.01
	Common Preferred		
•	Convertible Securities (including warrants)	\$ <u>575,000.00*</u>	\$100.000.00
1	Partnership Interests	\$	\$0.00
	Other (Specify)	\$ 0.00	S0.01
	Total	\$575,000.00*	\$100,000,00
	Answer also in Appendix, Column 3, if filing under ULOE.		
1	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if maswer is "mone" or "zero."		
	•	Number Luvestors	Aggregate Dollar Amount of Purchase
	Accredited investors	1	\$
	Non-accredited Investors	<u> </u>	\$0.00
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Delles Assessad
	Type of Offering Rule 505	Type of Security	Dollar Amount Sold \$
	Regulation A		S
	Rule 504		S
	Total		\$
í	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		S
	Legal Fees.	. 🛛	s <u> </u>
	Accounting Fees		\$
	Engineering Fees	_	5
		_	S
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		s

	total expenses furnished in response to	gregate offering price given in response to Part Part C - Question 4.a. This difference is the "	edjusted gross	\$ <u>569.500.00</u>
	the purposes shown. If the amount for a	ed gross proceeds to the issuer used or proposed by purpose is not known, furnish an estimate ar yments listed must equal the adjusted gross pro I.b above.		
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ds	s
	Purchase of real estate	·	[] \$	
	Purchase, rental or leasing and installa	tion of machinery and equipment		. D\$
	Construction or leasing of plant building	ngs and facilities		. 🗆 \$
	Acquisition of other businesses (included used in exchange for the assets or secu	ting the value of securitles involved in this offi rities of another issuer pursuant to a merger)	ering that may be	. 🗆 🛚 💶
	Repayment of indebtedness)) 1 1 5 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		. 🗆 5
	Working capital		D \$	⊠ s <u>569.500.00</u>
	Other (specify):			s
	Column Totals)};;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		⊠ s <u>569.500.00</u>
	Total Payments Listed (column to	plals added)	<u> </u>	69.500.00
_	-	D. FEDERAL SIGNA	ATURE	
d		ned by the undersigned duly authorized person. If ecurilies and Exchange Commission, upon write) of Rule 502.		
30	er (Print or Type)	Signature	Date	······································
	stake Products, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)	December 21, 2007	
		I sere or organication of 13 ba)		

ATTENTION _

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18, U.S.C. 1001.)

